



## LYNDEN PUBLIC SCHOOLS FOUNDATION

### Lynden Public Schools Foundation Student Exam Fee Grant Program

The Lynden Public Schools Foundation (LPSF) awards grants to pay exam fees for students enrolled in the Lynden School District. The Lynden Public Schools Foundation is dedicated to helping students further their education.

The request must align with the Lynden Public Schools Foundation Mission Statement:

“To provide resources that support and promote educational needs in the Lynden School District. The Lynden Public Schools Foundation is dedicated to serving their mission in alignment with the Lynden School District. The Lynden Public Schools Foundation will raise and distribute funds to enhance the education of each student and provide a means to develop the knowledge, skills, and character necessary to lead a self-reliant, socially responsible life. The Lynden Public Schools Foundation seeks to enrich the learning experience of all students in the Lynden School District by supplementing local, state, and federal funding.”

The Lynden Public Schools Foundation annually budgets funding for this grant program. Grants will be considered for amounts up to \$400, depending on the scope and size of the need. The grant cycle is open until available grant funds are depleted.

#### **Student Exam Fee Grant Guidelines:**

1. Each school year, the Lynden Public Schools Foundation accepts and considers Student Exam Fee Grant requests that are submitted by students enrolled in the Lynden School District.
2. Student Exam Fee Grant requests must be approved by the principal or school counselor.
3. School Exam Fee Grant requests must have been denied funding from the Lynden School District.
4. The grant request should include: exam title, reason for the request, and cost.
5. Lynden Public Schools Foundation has the right to approve or deny grant requests, or provide partial funding, at their sole discretion.



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**Student Exam Fee Grant Application**

Name of student:	Date request submitted:
Signature of student:	Student grade level:
Email of student:	Name of principal or school counselor:
Phone number of student:	Signature of principal or school counselor:
Grant amount requested:	Date payment needed by:

**DESCRIPTION OF REQUEST:**

Include exam title, reason for the request, and your cost.

**APPLICATION SUBMISSION:**

Return this completed application to your school counselor, who will submit it to the Lynden School District Receptionist.

<b>BOARD USE ONLY</b>	
DATE:	<input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED
SIGNATURE:	
If not approved, reason request was denied:	